

# KIA MULTI-POINT INSPECTION

**Standard Imprint Header**  
Standard Imprint City & Phone

Customer Name \_\_\_\_\_ Date \_\_\_\_\_

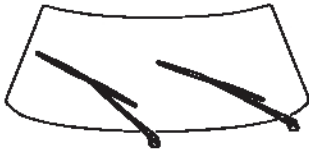
VIN \_\_\_\_\_ Year/Model \_\_\_\_\_ Mileage \_\_\_\_\_

RO/Tag# \_\_\_\_\_ License \_\_\_\_\_ Phone \_\_\_\_\_

## SERVICE ADVISOR SECTION

### WIPER BLADES

- OK
- SOON
- NEED



### CHECK TIRES/MEASURE TIRE TREAD DEPTH

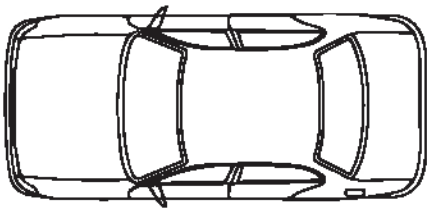
<input type="checkbox"/> 32" FIELD HERE	LF		<input type="checkbox"/> 32" FIELD HERE	RF
<input type="checkbox"/> 32" FIELD HERE	LR		<input type="checkbox"/> 32" FIELD HERE	RR

Size: \_\_\_\_\_ Brand: \_\_\_\_\_

- OK
- SOON
- NEED

Tire Pressure Set to Factory Recommendation

### EXTERIOR VEHICLE INSPECTION



Please note any scratches, dents or dings on the diagram above

### MAINTENANCE INTERVAL

- OK

MILE SERVICE



## TECHNICIAN SECTION

### INSPECT EACH SERVICE

### COMMENTS

CHECK & FILL	INSPECT EACH SERVICE	COMMENTS
<input checked="" type="checkbox"/>	Automatic transmission fluid level/condition	
<input checked="" type="checkbox"/>	Brake fluid level/condition	
<input checked="" type="checkbox"/>	Coolant recovery reservoir fluid level/condition	
<input checked="" type="checkbox"/>	Power steering fluid level/condition	
<input checked="" type="checkbox"/>	Transmission system level/condition	
<input checked="" type="checkbox"/>	Window washer fluid level	
<input type="checkbox"/>	Battery performance & terminals	
<input type="checkbox"/>	Brake lines/hoses/parking brake	
<input type="checkbox"/>	Clutch operation (if equipped)	
<input type="checkbox"/>	Drive axle boots (CV, if equipped)	
<input type="checkbox"/>	Cooling system & hoses for visible leaks and damage	
<input type="checkbox"/>	Drive belt(s)	
<input type="checkbox"/>	Exhaust system (loose parts, visible damage, leaks)	
<input type="checkbox"/>	Oil and/or fluid leaks (Specify)	
<input type="checkbox"/>	Operation of horn, interior and exterior lights	
<input type="checkbox"/>	Front brakes remaining _____ mm Lt. _____ mm Rt.	
<input type="checkbox"/>	Rear brakes remaining _____ mm Lt. _____ mm Rt.	
<input type="checkbox"/>	Windshield for cracks, chips and pitting	
<input type="checkbox"/>	Windshield washer spray or wiper operation	
<input type="checkbox"/>	Steering, steering linkages/wheel end play/bearings	
<input type="checkbox"/>	Suspension (damage/leaks/struts for bounce/shocks)	
<input type="checkbox"/>	Other:	

Notes:

### RECOMMENDED ADDITIONAL SERVICES

<input type="checkbox"/> Air Filter	<input type="checkbox"/> Tire Repair	<input type="checkbox"/> Coolant Change	<input type="checkbox"/> Engine Oil Change	<input type="checkbox"/> Clean Air Filter
<input type="checkbox"/> Brakes (Specify)	<input type="checkbox"/> Wheel Alignment	<input type="checkbox"/> Fuel Filter Change	<input type="checkbox"/> Timing Belt	<input type="checkbox"/> Rear Differential Fluid Change
<input type="checkbox"/> Rotate Tires	<input type="checkbox"/> Transmission Fluid Change	<input type="checkbox"/> Other: _____		

- GREEN - INSPECTION RESULT - OK
- YELLOW - WILL REQUIRE ATTENTION SOON
- RED - REQUIRES IMMEDIATE ATTENTION

Customer Signature \_\_\_\_\_

White Copy - Customer • Yellow - Attach to RO File Copy